

JUST THE FACTS

SEXUAL ABUSE AND CHEMICAL DEPENDENCY

AN EDUCATIONAL FACT SHEET FROM
THE FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION

WHAT IS INCEST?

Incest is defined as sexual activity between blood relatives. Incest violates the child's trust in parents and other family members. Because most children are taught from an early age that the family provides love, trust and security, incest is devastating.

WHAT IS SEXUAL ABUSE?

Sexual activity between a child and anyone outside of the family constitutes sexual abuse. Children today are often socialized to believe that strangers cannot be trusted; sexual abuse confirms this belief. As a result of the sexual abuse, children often become suspicious and believe that all strangers want to coerce them into sexual activities.

UNDERSTANDING INCEST AND SEXUAL ABUSE

Both sexual abuse and incest are traumatic. Incest and sexual abuse can be overt or covert. Overt abuse involves physical contact for sexual purposes. This includes invasive touching of sexual body parts, oral and anal sexual activity, and sexual intercourse. Covert incest and sexual abuse involves seemingly accidental touching, comments that have sexual connotations, and exposure to sexual activity or pornography.

Signs of covert abuse include rigid rules concerning the types of clothing that may be worn by family members and discouraging association with people outside the family.

INCIDENCE OF ABUSE

Incest and sexual abuse are more prevalent among chemically dependent adolescents. The incidence of incest

and sexual abuse among adolescents who are in chemical-dependency treatment is estimated to be two to three times higher than for adolescents in general.

Alcohol and other drug use by parents and other adult caretakers is common in homes where incest and sexual abuse occur. As many as three to four million children living in alcoholic homes may be victims of incest.

A VIOLATION OF BOUNDARIES

Incest and sexual abuse violate a person's physical, emotional and sexual boundaries. A boundary in this sense is the point at which a one feels comfortable with physical contact, emotional closeness or sexual contact.

PHYSICAL BOUNDARIES

Violations of physical boundaries make children feel that the control of their bodies is in the hands of the abuser. They feel they have no control over their own bodies. Sexually abused children often lack the ability to identify themselves as individuals who are separate from their abusers.

EMOTIONAL BOUNDARIES

Emotional boundary violations occur when abusers seek out children to fulfill emotional needs that have not been fulfilled in their adult relationships. Victims of sexual abuse are taught by their abusers what they should feel and how they should think. Sexually abused children block out their own emotions and are unable to think and feel at a normal developmental level.

SEXUAL BOUNDARIES

Sexual boundary violations create confusion for children. Despite the fact that the experience may be frightening or painful, the sexual contact may also create pleasurable feelings for the child. Children whose physical contact, behavior, and communication needs are met through sexual activity may have a hard

time distinguishing between appropriate and inappropriate ways of fulfilling these needs.

CHARACTERISTICS OF THE AFFECTED FAMILY

Incest and sexual abuse are multigenerational problems. Often, perpetrators are victims of abuse themselves. Families affected by incest and sexual abuse often exhibit problems with boundaries and communication. Families may be enmeshed to the point that expressions of emotional and sexual needs are inappropriately transferred from the adult to the child.

Abusive families often cut themselves off from the outside world as much as possible to prevent discovery of their inappropriate sexual activity. Frequently a parent or other adult caretaker is absent from the home or otherwise unavailable when the sexual abuse takes place. Even when other family members are abused or know of the abuse, they rarely communicate among themselves or with people outside the family for fear of the trouble disclosure may cause. Abusers may give gifts or use threats and violence to prevent the children from telling about the abuse; others may tell the abused child that he/she won't be believed if he/she tells.

MALE ABUSER

Fathers and other adult male caretakers are the most frequent perpetrators of sexual abuse. Father-daughter incest is the most prevalent. Abusive fathers or male caretakers are often domineering figures in the family, controlling much of what family members say or do. Wives and other female caretakers—often dependent on the abusing male because they lack education, jobs, friends or relatives—are more likely to side with the spouse or boyfriend and blame the child. They are also more likely to ignore the occurrence of the abuse if they have a close relationship with the adult male or if they feel that they or their children are in danger of physical violence.

Male abusers cite problems in their adult relationships as the reason for engaging in sexual activities with a child. Some men turn to children for fulfillment of their sexual needs when extended illness or sexual dysfunction affects their mate's ability to provide affection or sexual gratification. In some cases the female partner may know about the abuse but choose to ignore it to keep the family together.

FEMALE ABUSERS

Women engage in incest and sexual abuse less frequently than men. Society often labels sexual activity perpetrated by women as affectionate or appropriate. As primary caretakers, women generally have greater physical contact because they bathe and diaper young children. Women who engage in sexual activity with

young boys are seen as seductive; a man is likely to be labeled a molester by society.

EFFECTS OF SEXUAL ABUSE

Incest and sexual abuse are extremely disruptive to the development of a child. The effects of abuse are more severe when the child is victimized at an early age. The child who is not old enough to understand that sexual abuse is wrong becomes vulnerable to sexual exploitation by others later in life.

Sexually abused adolescents often suffer from low self-esteem. The sexual abuse has led them to believe that they are not worthy individuals. They frequently have feelings of disgust toward themselves and their bodies.

FEMALE VICTIMS

Female victims of incest and sexual abuse are likely to blame themselves for the abuse and question their own behaviors. Females are more likely than males to feel guilty about the abuse and to feel powerless. Adolescent girls often experience problems in interpersonal relationships and have a fear of intimacy. They may become emotionally withdrawn. They are also more likely to engage in prostitution and other promiscuous activities.

MALE VICTIMS

Adolescent boys sexually abused by men may struggle with the issue of homosexuality or have difficulty determining their sexual preference. Because of the stigma associated with homosexuality the adolescent male is usually hesitant to report the abuse. Most adolescent males are socialized to keep their feelings and problems to themselves. This contributes to the underreporting of sexual abuse in this population. Society fosters the belief that males are invulnerable and therefore must be willing participants in abusive sexual activities. The pleasurable feelings that may accompany the abuse cause confusion in the adolescent.

Adolescent boys are likely to identify with the aggressive aspects of their abuse and may either seek out similar sexual relationships or avoid intimate relationships altogether. Abused adolescent males may fear sexual activity or may feel that all sexual activity should be abusive.

CHEMICAL DEPENDENCE AND SEXUAL ABUSE

Adolescent victims of incest and sexual abuse often turn to alcohol and other drugs as a means of dealing with their traumatic experiences. Sexually abused adolescents are more likely to use sedatives, stimulants and hallucinogens. They are also more likely to begin using alcohol and other drugs at an earlier age. The

longer the duration of abuse and the more frequently it has occurred, the greater the need for alcohol and other drugs.

SIGNS OF SEXUAL ABUSE

Sexually abused adolescents often shy away from physical contact and touching because they fear that touching will lead to sexual activity. Sexual promiscuity is another sign of sexual abuse or incest. Abused adolescents often engage in sexual activities with numerous partners or exhibit bizarre sexual behaviors. Abused adolescents may also sexually abuse other children.

Personality problems can be signs of abuse. The adolescent may have excessive mood swings and may appear anxious or depressed. Sexually abused adolescents are often distrustful of others and may exhibit paranoid behavior or hide weapons for protection.

Sexually abused adolescents may use various coping methods to deal with abuse. Substance abuse, bulimia or chronic illness may be symptomatic of an adolescent who is trying to suppress feelings related to abuse and to deal with the physical changes, sexuality and relationships with peers and family that are characteristic of adolescence. The invasion of sexual boundaries causes the adolescent to repress overwhelming feelings and emotions surrounding the abuse, which has been termed post-traumatic stress disorder (PTSD). This disorder may be characterized by sleep disturbances, flashbacks, depression or inappropriate expressions of anger. Severe posttraumatic stress disorder may require extensive therapeutic services.

Other signs of sexual abuse or incest include:

- ❑ Sexually acting out
- ❑ Compulsive eating or dieting
- ❑ Suicide attempts
- ❑ Nightmares related to abusive situations
- ❑ Self punishment or destructive behaviors
- ❑ Fear of intimacy or closeness to others
- ❑ Physiological problems (gynecological, abdominal, etc.)
- ❑ Excessive anger or physical outbursts
- ❑ Perfectionism

INTERVENTION

Incest and sexual abuse are forms of child abuse. Counselors have a legal responsibility to report the abuse to the appropriate authorities. Adolescents often feel responsible for the stress incurred

by the family following disclosure; they may become angry and feel betrayed by the reporting counselor. They may alter the facts of the abuse or deny that it occurred in an attempt to protect parents, caretakers and other family members.

Counselors must work to regain the adolescent's trust and begin to work on issues related to the abuse. The adolescent needs to gain an understanding of the sexual abuse and learn to express feelings about the abuse, the abuser and other family members. Exploring feelings related to the abuse may help the abused adolescent determine the underlying causes of alcohol and other drug use or other selfdefeating behaviors.

BEGINNING TREATMENT

The adolescent must deal with his/her chemical dependency before dealing with sexual abuse issues. If the chemical dependency is not sufficiently under control, the adolescent may return to abusing alcohol and other drugs; this may facilitate further sexual abuse.

Most chemically dependent adolescents affected by sexual abuse or incest can be treated effectively within the chemical dependency treatment setting. Clinicians must be familiar with the signs of sexual abuse or incest in chemically dependent adolescents and the implications for intervention and treatment. An adolescent in treatment may give out only small bits of information on his/her sexual history to test the comfort level. More personal information is gradually disclosed. Talking about the abuse usually makes adolescents feel uncomfortable; they will often become disruptive, violent or withdrawn following disclosure of information.

FACTORS INFLUENCING ADOLESCENT-SPECIFIC TREATMENT

Counselors must be aware of any personal biases or areas in their own lives that may create difficulties in treating sexually abused adolescents. It may be uncomfortable to discuss sexual issues with a client, especially one of the opposite sex. Counselors who have experienced abuse in their own lives may find that treating adolescents for similar abuse can be difficult. Counselors can become so involved in issues related to their own abuse that they lose focus on treating the adolescent as a different situation.

Adolescents must be sober for a while before the treatment of problems related to sexual abuse begins. It is important for counselors to set firm boundaries with the adolescents. Therapy sessions, homework assignments and other activities should adhere to scheduled time allotments. Extending deadlines or therapy sessions breaks down the structure that the adolescent needs in his/her life. Adolescents should be encouraged to discuss thoughts and feelings related to their abuse.

They should not be pressured into disclosing information in group settings. The counselor must provide the adolescent with a secure environment to help him/her feel as comfortable as possible when discussing the abuse and other related problems.

DEALING WITH SHAME

Shame is the strongest emotion that a sexually abused adolescent experiences. Feelings of shame are intensified by disclosure of the abuse and by the subsequent problems encountered. The abused child must come to understand that the abuse was not his/her fault and that through disclosure of the abuse, the entire family can eventually learn to function in healthy ways. Pregnancy resulting from sexual abuse and incest is very damaging and requires more extensive therapeutic efforts to resolve problems and issues further complicated by the pregnancy.

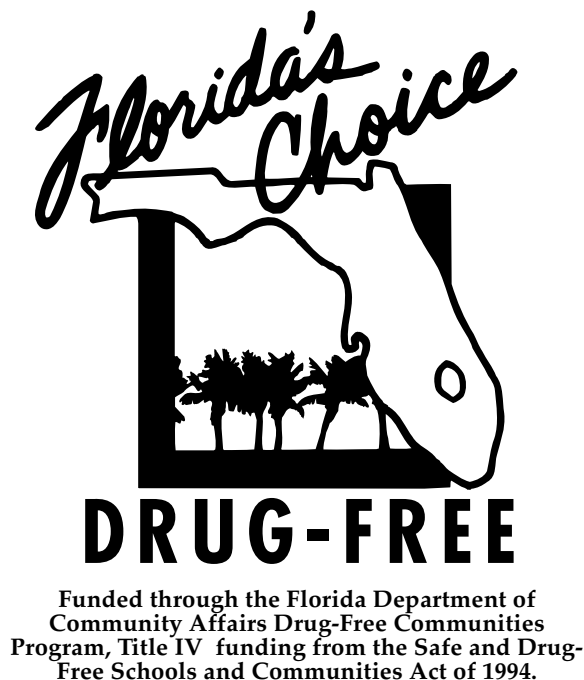
Chemical dependency counselors can help the adolescent develop a sense of worth and the ability to interact appropriately with others. Counselors can help adolescents develop a means of coping with the abuse and redefining reality. This helps the adolescent view the abuse as separate from him/herself and to develop a sense of identity and individuality.

Within the context of the family, counselors should work on building problem-solving skills to help family members communicate effectively and establish appropriate boundaries and roles. Involving the abuser in family therapy is not recommended unless the abuser has admitted the problem and is not a threat to the child or other family members. Parents or other adult caretakers should be encouraged to attend counseling to resolve problems in their relationships.

CONCLUSION

Most chemically dependent adolescents affected by sexual abuse or incest can be effectively treated within the chemical dependency treatment setting. It is important that counselors have a sufficient understanding of the signs and symptoms of sexual abuse and the implications for intervention and treatment.

Recovery from incest and sexual abuse is a lifelong process. Aftercare services for abused adolescents are often a necessity. Counselors should establish appropriate networking and referral sources for adolescents following the completion of chemical dependency treatment.



FOR MORE INFORMATION CALL THE FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION RESOURCE CENTER
1030 EAST LAFAYETTE STREET, SUITE 100, TALLAHASSEE, FLORIDA 32301 TEL: (850) 878-2196 • WWW.FADAA.ORG